

Survey Analysis of Expenditures for Federal Health Programs

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WITH more than 14 departments and agencies making substantial expenditures for medical and health-related programs, the Federal Government's contribution toward the nation's health is significant.

The increasing public interest in health matters, the rapidly growing complexity of medical and scientific issues which affect national health, and the corresponding expansion of Federal health responsibilities make it highly desirable that we have a broad perspective on the factors and developments which affect Federal health programs and their organization.

Many Federal decisions regarding health programs are made in the context of program goals and policies which have objectives broader than that of providing health services. As a consequence, many agencies and many programs in the Federal budget include health and health-related activities.

Data compiled by the Department of Health, Education, and Welfare, published in the *Social Security Bulletin*, November 1962, show the following trends for expenditures for health and medical care during the 11-year period 1950-61:

Federal health and medical care expenditures more than doubled, rising from \$1.4 billion to \$3.1 billion. In fiscal year 1950 these outlays constituted about 3.5 percent of budget expenditures and in 1961 about 3.8 percent.

State and local health expenditures slightly more than doubled, rising from \$1.9 billion to \$3.9 billion. Thus, the Federal Government has been participating in a phenomenon affecting State and local governments as well.

Total public expenditures for health from Federal and State-local sources increased from \$3.3 billion in 1950 to \$7.0 billion in 1961. Federal expenditures constituted 43 percent of the total public expenditures for health in 1950 and 44 percent in 1961. The public expenditure for health, in turn, represented about one-fourth of all private and public health and medical expenditures in both periods.

Total national expenditures for health and medical care from all sources increased 134 percent in current prices, from \$12.4 billion in 1950 to \$29 billion in 1961; as a percentage of the gross national product they rose from 4.7 percent to 5.7 percent.

The long-range trend of Federal expenditures for health in the past has been determined to a large measure by defense needs and veterans' benefits. In fiscal 1950, the expenditures of the Department of Defense and the Veterans Administration for hospital and medical care and construction of facilities for such care were almost \$1.1 billion, or three-fourths of the total Federal health and medical care outlay of \$1.4 billion. By 1961 expenditures by these agencies for these purposes had risen to \$1.7 billion, yet they accounted for a little more than one-half of the total Federal outlay of \$3.1 billion for health.

This trend reflects the progressive emergence in recent years of expenditures by the Department of Health, Education, and Welfare as a major component in the total of Federal health expenditures. For example, direct Federal payments for medical expenses of public assistance recipients, which were not made at all in 1950, had reached a total of \$589 million in 1961. Likewise, during this 11-year period

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medical research rose 11-fold, from \$55 million to \$586 million, largely as the result of increases in funds for the National Institutes of Health.

As to health programs of agencies other than HEW, we have made a survey of agencies which have significant health or health-related programs. In this survey, covering fiscal years 1962, 1963, and 1964, we have used a definition of health and health-related activities similar to that used in Senate Report No. 142, 87th Congress, 1st session, which was prepared by a Subcommittee of the Senate Committee on Government Operations. This definition is somewhat broader than that used by HEW in compiling the figures previously cited. It covers funds for training, waste treatment and sanitation facilities, international aid, accident prevention, Civil Service Commission health outlays for Federal employees, and some research in the life sciences which are not included in the HEW series for earlier years.

Our report covers seven Cabinet departments and seven other agencies, although a number of other departments and agencies have minor health or health-related expenditures. Some of the results of our study are shown in tables 1-3. This analysis presents a broad picture for purposes of perspective and the figures have not been carefully refined. Some of the principal findings of the survey follow.

Distribution of Health Functions Among Agencies

A principal finding is that the agencies other than HEW continue to spend somewhat more than half of the total Federal expenditures for medical and health-related programs. Total Federal obligations for such programs will amount to an estimated \$6.4 billion in 1964, of which \$3.1 billion will be obligated by HEW and \$3.3 billion by all other agencies.

Funds which the principal agencies will spend for health and health-related activities, are shown in table 1. As pointed out earlier, the Veterans Administration and the Department of Defense have major health programs. Moreover, the bulk of their funds are used to provide hospital and health care services, most of which are handled through their hospitals and clinics (fig. 1). HEW also provides substantial funds for health care services, but most

Table 1. Federal obligations for medical and health-related activities, by agency, fiscal years 1962-64¹

Agency	1962	1963	1964
Department of Health, Education, and Welfare.....	\$2, 103	\$2, 811	\$3, 088
Public Health Service:			
National Institutes of Health.....	678	892	1, 015
Other.....	610	948	897
Welfare Administration.....	664	790	939
All other.....	151	181	237
Veterans Administration.....	1, 096	1, 189	1, 229
Department of Defense.....	940	947	964
Army.....	347	354	351
Navy.....	182	191	202
Air Force.....	387	376	389
Other.....	24	27	23
Civil Service Commission.....	361	373	422
Department of State.....	204	179	186
Housing and Home Finance Agency.....	112	438	136
Department of Agriculture.....	99	107	105
Atomic Energy Commission.....	69	82	88
National Aeronautics and Space Administration.....	13	39	76
National Science Foundation.....	27	31	36
Department of Justice.....	3	4	17
Small Business Administration.....	13	14	16
Department of Labor.....	10	11	11
Department of the Interior.....	3	3	4
Total.....	5, 052	6, 228	6, 377

¹ Dollar amounts in millions. Figures for 1963 and 1964 are estimated.

NOTE: Figures may not add to totals shown because of rounding.

SOURCE: The Budget of the United States Government, fiscal year ending June 30, 1964, as modified by subsequent supplemental and legislative recommendations.

of its expenditures for this purpose are channeled through grants to States and localities. HEW nevertheless operates 67 hospitals containing about 16,000 beds.

Before turning to specific agency programs, one general point shown in table 1 should be mentioned. Total Federal obligations for health and health-related programs of \$6.4 billion in 1964 compares with \$6.2 billion in 1963 and \$5.1 billion in 1962, an increase of \$1.3 billion in 2 years. Funds for all other agencies except HEW are estimated to rise from \$3.0 billion in 1962 to \$3.3 billion in 1964, an increase of \$0.3 billion. However, from 1963 to 1964 total health funds will increase by less than

\$0.2 billion, and the amount for all other agencies except HEW will decline in the net by more than \$0.1 billion.

Following is a brief description of health and health-related programs of major agencies. HEW programs are not covered since they are generally well known to the readers of *Public Health Reports*.

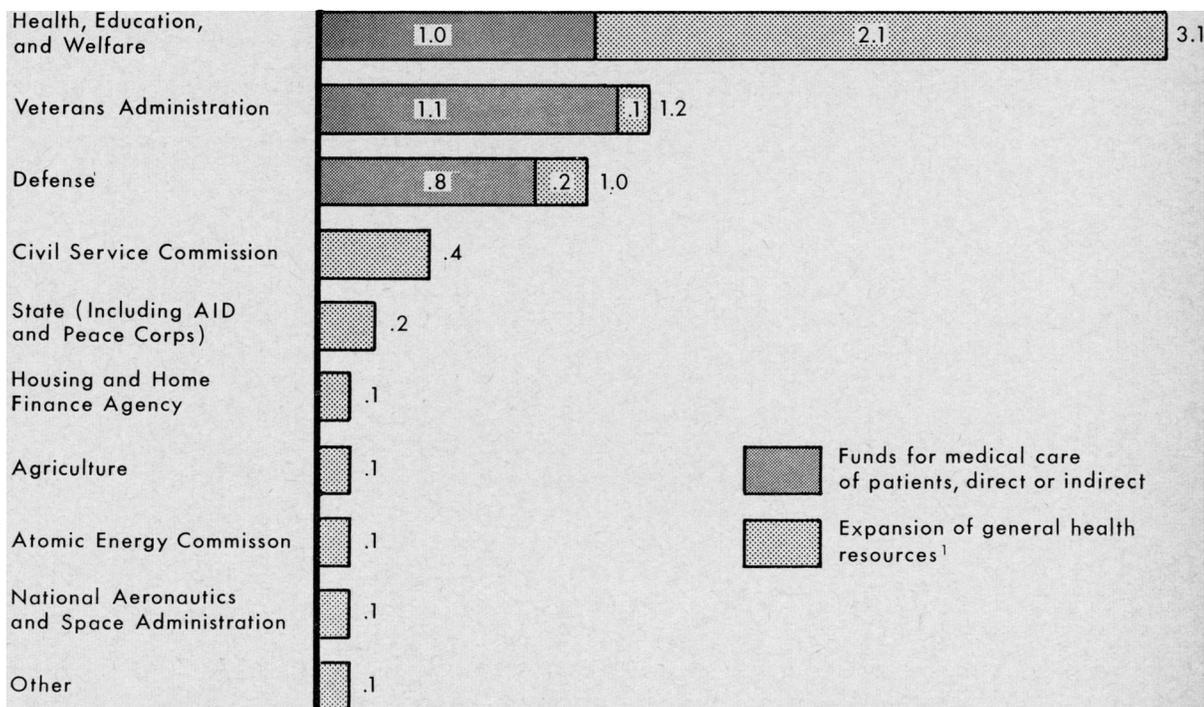
Veterans Administration. Of the \$1.2 billion that VA will obligate for health in 1964, 88 percent will be for care of veterans and disabled ex-servicemen, mainly for hospital care, and to a lesser extent for outpatient services. More than 22 million veterans are presently or potentially eligible for care in VA facilities. First priority is given to treatment for service disabilities. Veterans with nonservice-connected illnesses are given hospital care if facilities are available and if they are unable to pay for services.

Department of Defense. About three-fourths of the obligations of nearly \$1 billion in 1964 by the Department of Defense for health pro-

grams will be for hospital and medical care of its 2.7 million military personnel, their 3.9 million dependents, and care, when space is available, for the 400,000 retired military personnel and their dependents. In 1964 it is expected that the Army, Navy, and Air Force will operate 235 hospitals in the United States and abroad, with an average daily patient load of approximately 32,000. In addition, an estimated 1.4 million patient days of care will be provided in civilian facilities for dependents of military personnel under the Dependents' Medical Care Act. The Department of Defense will also spend about \$94 million for medical research and facilities, more than \$20 million for technical and professional health and research training, and approximately \$45 million for construction of hospitals and other facilities.

Civil Service Commission. In 1964 the Civil Service Commission will disburse an estimated \$422 million for medical care benefits for active and retired Federal civilian employees. Benefits are paid in part from employee contribu-

Figure 1. Federal obligations (dollar amounts in billions) for medical and health-related activities, by agency, fiscal year 1964¹



¹ Includes all other medical or health-related programs such as research, training, preventive and community services, and construction.

tions and in part from Federal contributions or appropriations. The Federal Employees' Health Benefits Fund, which is estimated to cover 2.3 million active employees in 1964, is expected to disburse \$393 million, of which the Government will pay about one-third. The Retired Employees' Health Benefits Fund, covering 235,000 participants, is expected to pay \$29 million.

Department of State (including Agency for International Development and Peace Corps). The \$186 million to be obligated by these agencies for international activities cover a broad range of health, sanitation, and nutrition programs. This assistance is provided through annual contributions to international organizations such as the World Health Organization, the Pan American Health Organization, the United Nations' Children's Fund, and through bilateral AID projects largely for control of communicable diseases and for water supply and sewerage systems.

Housing and Home Finance Agency. Most of the estimated \$136 million of obligations in 1964 for health and health-related programs will be for public facility loans to municipalities and other communities for sanitation facilities. This agency also makes public works planning advances under the Housing Act of 1954 and college housing loans for infirmaries and health facilities. Under the Public Works Acceleration Act of 1962, grants totaling \$316 million will also be made by HHFA for health facilities in 1963, but no funds are projected for 1964. HHFA will also insure mortgages on nursing home loans for an estimated 12,100 beds in 1964.

Atomic Energy Commission. The AEC medical and health-related programs, allotted \$88 million in 1964, are almost entirely in basic and applied research on the effects and the uses of radiation. Approximately 60 percent of these funds are for research in the biological sciences, covering such areas as the effects of radiation on plants and animals, research on molecular and cellular structure, and the study of radiation genetics. Another 25 percent of AEC's outlays are for research in the medical sciences, including radiological environmental health and various other fields.

National Aeronautics and Space Administra-

tion. In 1964 NASA will obligate an estimated \$76 million for a broad range of medical and health-related projects as part of its space activities. These include aerospace medicine, human factors research, biosciences, biological satellite flight program, research grants to universities, and construction of NASA facilities.

Department of Agriculture. This Department will obligate an estimated \$105 million in 1964 for research and preventive community services which have varying degrees of medical and health-related significance. Most of these activities have the purpose of insuring a wholesome, nutritious, and adequate food supply for our nation. The Agricultural Research Service, for example, is concerned with discovering how infectious diseases and harmful parasites of livestock and poultry are transmitted to man, as well as with research in human nutrition. The problems of controlling insects and diseases, with added emphasis placed on avoidance of pesticide residues will receive increased support. The poultry and meat inspection programs of the Department represent other important health-related activities.

Other agencies. Several other agencies covered in our survey will devote substantial amounts to health in fiscal 1964. The National Science Foundation will obligate \$36 million for basic research and training in the life sciences, the Justice Department \$17 million for construction of hospital facilities and health services for Federal prisoners, the Small Business Administration \$16 million for hospitals, nursing homes, and laboratories, and the Labor Department \$11 million, principally for hospital and medical care of Federal workers injured in line of duty. The Interior Department will disburse about \$1 million for research on water, occupational health in mines, and nutritional value of fishery products and about \$3 million to American Samoa and the trust territory of the Pacific Islands for general public health.

A number of other agencies which we did not survey also carry on, directly or indirectly, health-related functions, which are described in Senate Report No. 142, 87th Congress, 1st session. Among these activities are the narcotics activities of the Treasury Department; the health-related research of the National Bureau

of Standards, the Weather Bureau, and the Bureau of the Census in the Department of Commerce; research on air pollution, malaria control, and other problems by the Tennessee Valley Authority; the health-related regulatory functions of the Federal Trade Commission; the extension of credit for health-related enterprises abroad by the Export-Import Bank; and various other health or health-related activities of the Federal Aviation Agency, the Office of Emergency Planning, the Canal Zone Government, and the Smithsonian Institution.

Types of Federal Programs

Analysis of the \$6.4 billion of health and health-related funds for 1964 by the six categories shown in table 2 casts further light on the character and organizational distribution of the Federal programs in the health field. Some of the highlights follow.

Hospital and medical care in Federal facilities is the largest category of Federal health outlays, amounting to \$1.9 billion in 1964. More than 31 million people (eliminating du-

plications in the groups below) are eligible or are potentially eligible for hospital and medical care in Federal facilities or at Federal expense. These include more than 22 million veterans, 3.1 million active and retired uniformed personnel and 3.9 million dependents of such personnel, 2.5 million active and 235,000 retired Federal civilian employees, 120,000 merchant seamen, 380,000 Indians and natives of Alaska, and an estimated 136,000 narcotic addicts, Federal prisoners, patients with leprosy, and residents of the Panama Canal Zone.

The Federal Government in 1964 will directly operate about 486 hospitals containing 175,000 beds, or approximately 10 percent of all hospital beds in the United States. As already pointed out, the bulk of this direct patient care mission is in the Veterans Administration and the Department of Defense.

Federal grants and payments to assist in the health care of individuals will total an estimated \$1.5 billion in 1964, approximately eight times as much as 1958. Much of this increase reflects the expansion of the HEW public assistance and medical assistance to the aged pro-

Table 2. Federal obligations for medical and health-related activities, by category, fiscal years 1962-64¹

Major category	All agencies			Department of Health, Education, and Welfare			All other agencies		
	1962	1963	1964	1962	1963	1964	1962	1963	1964
Hospital and medical care in Federal facilities:									
Patient care services.....	\$1, 751	\$1, 804	\$1, 844	\$111	\$115	\$119	\$1, 640	\$1, 689	\$1, 725
Other, including general overhead....	77	73	80	2	2	2	75	71	78
Federal grants and payments for hospital and health care in non-Federal facilities.....	1, 115	1, 256	1, 455	649	779	917	466	477	538
Medical research, including research facilities:									
Conduct of research.....	772	969	1, 133	564	703	812	208	266	321
Research facilities.....	59	99	131	41	74	96	18	25	35
Training, including for research.....	228	290	359	184	243	322	44	47	37
Preventive and community services....	556	603	695	288	364	457	268	239	238
Construction of hospital and health facilities, except research:									
Direct Federal.....	112	160	167	11	20	19	101	140	148
Federal grants, etc.....	382	973	513	253	509	342	129	464	171
Total.....	5, 052	6, 228	6, 377	2, 102	2, 811	3, 088	2, 950	3, 417	3, 289

¹ Dollar amounts in millions. Figures for 1963 and 1964 are estimated.

NOTE: Figures may not add to total shown because of rounding.

SOURCE: The Budget of the United States Government, fiscal year ending June 30, 1964, as modified by subsequent supplemental and legislative recommendations.

grams and the Civil Service Commission medical insurance funds for Federal civilian personnel. Several million people are in groups which receive medical care financed in part through Federal grants or contributions.

Health research also represents a major and rapidly growing segment of Federal funds, totaling in 1964 almost \$1.3 billion if outlays for facilities are included. The Federal Government now underwrites nearly two-thirds of the health research in the country. While HEW provides about three-fourths of the total Federal funds for health research and facilities, the Department of Defense, the Atomic Energy Commission, the National Science Foundation, and the National Aeronautics and Space Administration all make sizable outlays.

Funds for health training, including grants and direct Federal outlays, also represent a crucial and growing area of expenditures, totaling nearly \$360 million in 1964. While HEW has the preponderant share, the Department of State (including AID and the Peace Corps), the Department of Agriculture, and the Department of Defense spend significant amounts for training.

Finally, the Federal Government in 1964 will devote nearly \$700 million for construction of health facilities, excluding those for research purposes. About half of this will be spent by agencies other than HEW.

In summary, the VA and the Department of Defense have the major portion of the direct federally operated patient care activities

among the Federal agencies (fig. 2). In contrast, HEW looms large in all the other five categories of expenditure, particularly training, research, and preventive and community service health programs.

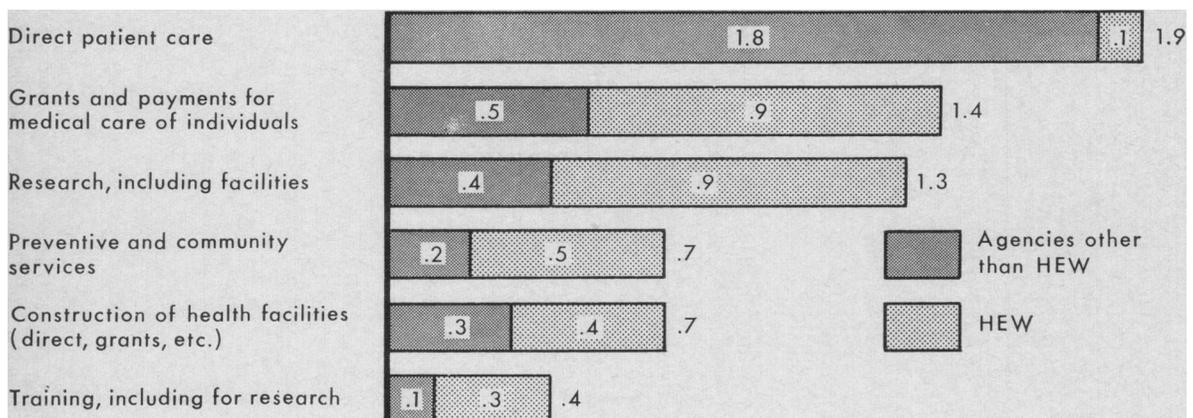
The trend in obligations by type of program for the 3 years 1962-64 is shown in table 2. For HEW all categories except patient care services are increasing at a substantial rate. For other agencies as a group some categories are increasing while others are declining. The obligations for 1964 for each agency by category are classified in table 3.

Organization and Coordination of Activities

It is evident that the categorical and mission-related character of the health programs operated by the various Federal agencies strongly influences the organization of health activities in the executive branch. For many Federal agencies the health or health-related programs are only a means of carrying out another governmental function. The Armed Forces must have healthy personnel; and under recent legislation the civil agencies of the Federal Government help their employees to obtain prepaid health care. As part of its responsibilities to veterans, the VA provides hospital and health care services. The international agencies carry on health aid programs to achieve their economic development or military assistance objectives.

In contrast, it is largely in HEW, notably in the Public Health Service, that health is viewed

Figure 2. Federal obligations (dollar amounts in billions) for medical and health-related activities, by agency, fiscal year 1964



as a primary mission. In the Public Health Service, the input of resources is devoted extensively to basic health resource development—through research, training of personnel in shortage categories, and construction of community health facilities—or to the strengthening of broad preventive and community public health capabilities. A large part of these HEW funds is disbursed through grants-in-aid to States and localities, unlike those in most of the other

agencies. HEW also makes numerous grants to universities and to individuals for research purposes.

Although the health and health-related activities within the executive branch are numerous and diverse, our survey indicates that there is a remarkable amount of interchange of information and coordination among the various agencies, both through day-to-day working arrangements and through more formal devices

Table 3. Federal obligations for medical and health-related activities, by agency and category, fiscal year 1964¹

Agency	Hospital and medical care in Federal facilities		Grants and payments for hospital and health care in non-Federal facilities	Medical research, including research facilities		Training, including for research	Preventive and community services	Construction of health facilities except for research		Total
	Patient care	Other, including general overhead		Conduct of research	Research facilities			Direct Federal	Federal grants, etc.	
Department of Health, Education, and Welfare.....	\$119	\$2	\$917	\$812	\$96	\$322	\$457	\$19	\$342	\$3, 088
Public Health Service:										
National Institutes of Health.....				702	76	218	18			1, 015
Other.....	87	2	17	86	16	68	271	9	342	897
Welfare Administration.....			901	1			38			939
All other.....	32	1		22	4	36	130	11		237
Veterans Administration.....	1, 069	13	15	32	8	2		89		1, 229
Department of Defense.....	649	64	91	87	7	20	1	45		964
Army.....	210	30	26	64	4	8		9		351
Navy.....	126	11	39	10		7		9		202
Air Force.....	306	22	26	5		5		25		389
Other.....	7	2		9	3		1	2		23
Civil Service Commission.....			422							422
Department of State.....	2			2		9	155		19	186
Housing and Home Finance Agency.....									136	136
Department of Agriculture.....				25			80		1	105
Atomic Energy Commission.....				85	3	1				88
National Aeronautics and Space Administration.....				71	5					76
National Science Foundation.....				19	12	5				36
Department of Justice.....	3							14		17
Small Business Administration.....									16	16
Department of Labor.....	2		8				2			11
Department of Interior.....	1		3	1						4
Total.....	1, 844	80	1, 455	1, 133	131	359	695	167	513	6, 377

¹ Dollar amounts in millions.

NOTE: Figures may not add to total shown because of rounding.

SOURCE: The Budget of the United States Government, fiscal year ending June 30, 1964, as modified by subsequent supplemental and legislative recommendations.

such as contractual arrangements and inter-agency committees. To cite some examples: The Department of Defense and its constituent units are represented on 20 boards, committees and similar organizations functioning in the health field in which HEW is also represented. The Department of Agriculture is included on at least eight committees or interagency groups in which HEW participates. Veterans Administration personnel are members of 27 NIH national advisory councils and study sections and VA is also represented in a number of inter-agency committees. AEC is represented with HEW on such significant groups as the Federal Council for Science and Technology, the Federal Radiation Council, and the National Committee on Radiation Protection.

Extensive interagency relationships have been established between the Agency for International Development and HEW. These include memberships on interagency committees, bilateral contractual arrangements for technical consultation, support and training services, and various other joint project agreements. Some 76 Public Health Service employees have been lent to AID. Day-to-day consultations between the two agencies run the gamut from policy to operating levels.

Several agencies in the Executive Office of the President play a major role in the interdepartmental coordination of health activities within the executive branch. The Bureau of the Budget assists the President in carrying out his responsibilities for overall management of the executive branch and also helps through its legislative reference process in the development and coordination of his legislative program. Through the budget process, the Bureau plays a significant role in the allocation of resources and the determination of priorities among competing demands.

Budgeting is essentially an orderly way of making choices, as well as an instrument of long-range planning and programing. In the budget process, agency proposals for health programs are considered in relation to each other and to the funds requested for other activities of the Government.

The Office of Science and Technology is another significant instrument in the coordination of health research programs. Finally, the

President has appointed a Special Assistant for Mental Retardation who is concerned at the Executive Office level with health activities insofar as they affect that field.

Science is one of the most significant changing areas in the health field. As Federal funds for medical research have been multiplied, it is only natural that we should be concerned as to whether the capacity to do high-quality research is keeping pace and whether this investment in research will continue to yield high results. The question of priorities in research, and between research and other programs, is one of the most troublesome problems in the Federal budget. Because of the very nature of research and because of the difficulty in either predicting or measuring returns from research, budgeting for these activities is extremely difficult and must rely in considerable part on the judgment of the executive and the legislative branches as to the possible long-term gains to be achieved.

Other difficult scientific matters also face us in the health area. A stronger scientific base for the food and drug regulatory and the environmental health activities of the Government is indicated by the increasing recognition of difficulties in the drug, food additives, radiological health, air pollution, and pesticide areas, to name a few topics of current concern.

Another concern relates to the development of more effective techniques for communicating the vast output of new knowledge, both within the research community and from the science community to medical practice. How large is the existing gap between new information which is already available from medical science and its application in the current practice of medicine as it is carried out by the thousands of doctors in our country?

The rapidly increasing costs of hospital and medical care and drugs, also pose major problems of medical costs and economics, which underlie the urgency of Federal financial assistance for medical care. In addition, rapid growth in our population and the increasing proportion of aged citizens make their effect felt, for example, in the existing shortages of nursing homes.

The rapid growth of Federal funds for medical research has produced a close relationship

between the Federal Government and the universities. As this process goes on, many crucial problems arise which are centered around the key question as to whether the Federal Government and universities can exercise adequate stewardship of the funds which are provided, but in a manner so that the academic freedom of the university community will remain unimpaired. We need to reassess the whole process in the Government for awarding and for administering research grants and to develop appropriate criteria and principles for Government-wide application.

Another problem is that of overcoming the great shortages of skilled personnel in the health specialties. Training programs must obviously be related to manpower needs and this in turn gives rise to many basic questions, such as whether categorical approaches or more general approaches should be used to stimulate and

support the training of necessary skilled personnel.

It is necessary in these circumstances to develop new organizational arrangements to meet emerging needs. At the Executive Office level and at the interagency level, the establishment of the Office of Science and Technology and the strengthening of the Federal Radiation Council in recent months represent real progress. Likewise, establishment at the National Institutes of Health of the new Institute of Child Health and Human Development and the Institute of General Medical Sciences represented a significant step.

Clearly, in this rapidly changing area we also need the flexibility to organize properly so the agencies can meet new issues as they arise, without the restriction of previous patterns of organization which are no longer suitable in the light of new knowledge and new requirements.

WHO Fellowships for Health Workers

The World Health Organization will provide U.S. citizens in 1964 a limited number of short-term fellowships for the "improvement and expansion of health services" in the United States.

Applications will be considered in public health and related fields. Applicants must be engaged in full-time public health or educational work. A special committee will consider the ability of the individual, the field and locale of the study proposed, and the contribution which the applicant will make on his return. Officers and employees of the U.S. Government are not eligible.

A fellowship award will cover per diem and transportation and, except in very unusual circumstances, will be limited to short-term travel programs of 2 to 4 months. Employers of successful applicants will be expected to endorse applications and to continue salary during the fellowship.

Fellowships will be awarded to the total of the funds available. The deadline for the receipt of applications is January 1, 1964, but successful applicants probably cannot start their fellowships before May 1, 1964. Further information and application forms may be obtained from Dr. Howard M. Kline, Secretary, WHO Fellowship Selection Committee, Public Health Service, Washington, D.C., 20201.

PRESIDENTIAL MEDAL OF FREEDOM AWARDED ANNIE D. WAUNKA

Mrs. Annie D. Wauneka, a member of the Navajo Indian Tribe who lives on the Navajo Reservation in northeastern Arizona, was one of three American women named by President Kennedy on July 4, 1963, to receive the Presidential Medal of Freedom. It was the first time women had been included in the list of those receiving this highest civilian peacetime award.

Established in 1945 by President Truman, the Freedom Medal gives recognition to the work of persons who contribute significantly to the quality of American life. In President Kennedy's words, the careers of those selected "demonstrate freedom's rich resources of men and women endowed with creative capacity and dedicated to the highest standards of human achievement." The honors list this year included 31 persons. The awards will be made at a special White House ceremony.

Mrs. Wauneka is being honored for her work in helping to improve the health of the Navajo people. The daughter of a noted chief and leader of the Navajo Tribe, Henry Chee Dodge, Mrs. Wauneka broke tribal tradition 8 years ago to become the first woman elected to the Navajo Tribal Council. It was as chairman of the council's Committee on Health and Welfare that Mrs. Wauneka became interested in health problems and began her work of trying to win the confidence of her people in modern medical practices.

Working first to gain the trust of the medicine men, Mrs. Wauneka taught them in their own language about the wonders of modern science. She then began to work on the problem of run-aways from tuberculosis hospitals and clinics on the reservation. There is no word for "germ" in the Navajo language, and these people did not realize that they were exposing others to this highly contagious disease. In the sanatorium everything was strange to them—the treatment, the equipment, the food, the faces, and sometimes even the language. Homesick for family and friends, many of them ran away at the first opportunity. Mrs. Wauneka traveled about the reservation acting



Mrs. Annie B. Wauneka, 1 of 31 persons awarded the Presidential Medal of Freedom in 1963, visits a tuberculosis patient at a Public Health Service Indian Hospital on the Navajo Reservation.

as a link between home and hospitals and bringing news to each. She worked with doctors in the production of movies acted by Navajos and spoken in the Navajo language to show to patients and families. With the decline of tuberculosis death rate from first to seventh place among the Navajo, Mrs. Wauneka is currently emphasizing dysentery, a serious ailment among Navajo children.

Mrs. Wauneka, who is the mother of eight children and still dresses in traditional tribal costume, has her own radio program over station KGAK at Gallup, N. Mex.

Mrs. Wauneka was given the Josephine B. Hughes Memorial Award by the Arizona Press Women's organization in 1958, and in 1959 received the Indian Achievement Award, which her father received in 1944, of the Indian Fire Council, a national organization with headquarters in Chicago and an award from the Arizona Public Health Association as "outstanding worker in public health."

For several years Mrs. Wauneka was a member of the Surgeon General's Advisory Committee on Indian Health.